EXM 10 V.20

Please take the time right now to complete and return this postage-paid registration card so we can provide technical support, product updates, and future product announcements.

Purchase Date _____ From _____

Name _ Mr. _ Mrs. _ Ms. _____

Street _____

_____

City _____ State _____ Zip _____

Country _____ Postal Code _____

Daytime Telephone (_____ ) _____

E-Mail Address _____ on: _ AppleLink _ GEnie _ America Online _ Internet _ CompuServe _ Other

How did you learn about this product?

_ Magazine Ad in _____ _ Our Literature

_ Review in _____ _ Dealer

_ Other _____ _ SHS Partner

What product(s) would you like to see produced? _____

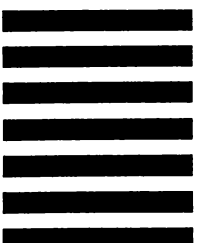
_____

Comments _____

_____

_____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 147 TALLAHASSEE, FL

POSTAGE WILL BE PAID BY ADDRESSEE

**Seven Hills Software**
2310 Oxford Road
Tallahassee, FL 32304-9980